

JUNIOR LIFEGUARD APPLICATION FOR INSTRUCTION

Participants Name:			
Pool:	Age:	Birthdate	:
Parent/Guardian:			
Address:(Street)			
(Street)	(City)		(State) (Zip)
Phone (please include home/cell/work):			
Email:			
Please list any information that you	feel the instructor should know (medication, allergies, and/	or health condition):
Have you ever participated in an A	quatic course before?Yes	No	
What goal(s) would you like to ach	ieve during your lesson?		
If so, when and where:			
Emergency Contact Info: Name:			
Phone (please include home/cell/work):			
All participants must be registered	and have insurance before they ca	n be included in class.	
I want my child insured by t	he policy through the Department	t of Recreation (\$6.00). (ma	ake separate check out and
complete insurance application)			
I have my own insurance co	verage with		
I, the undersigned, do hereby assu City of Charleston's swimming pro of Charleston, South Carolina, D whatsoever kind or nature.	ogram. I understand there is risk	of injury from participation	on, and I hereby release the City
Signature (Parent/Guardian)			Date
FOR STAFF USE ONLY:	~~~~~~~~~~		~~~~~~~~~~~
Check/Receipt #:		Date/Time:	
Instructor Requested:			
City Resident: Yes N	o Staff Signature:		